

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591272

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14	1					
15		1				
16	1					
17		1				
18						
19		19				
20						
21	1					
22		1				
23						
24		1				
25		1				
26		1				
27		1				
28		1				
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30		1				
31		1				
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38		1				
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48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	50	←		←		←
TOTAL CLAIMS	55					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						